MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

18 573075

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

| | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 MAMENDMENT | | LAINS | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 MAMENDMENT | |
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